

PREVAILING WAGE REQUEST



PRIORITY

DATE _____
MM/DD/YY

EMPLOYER INFORMATION			ALIEN INFORMATION		
NAME			HOW MANY PERSONS WILL ALIEN SUPERVISE?		
ADDRESS			LEVEL OF SUPERVISION		
STREET P O BOX			ADDRESS WHERE ALIEN WILL WORK		
CITY	STATE	ZIP	STREET P O BOX		
TYPE OF BUSINESS			CITY STATE ZIP CODE		
			COUNTY WHERE ALIEN WILL WORK		

JOB SPECIFICATIONS

NAME OF JOB TITLE			VISA TYPE REQUESTED		
HOURS WORKED _____ per	<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	EDUCATION REQUIRED	TYPE OF DEGREE/DIPLOMA/ CERTIFICATE REQUIRED	FIELD OF STUDY REQUIRED	
PAY OR SALARY _____ per	<input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	EXPERIENCE REQUIRED _____ Years _____ Months	LICENSES/CERTIFICATIONS REQUIRED		
		TYPE TRAINING REQUIRED	SPECIAL SKILLS OR REQUIREMENTS		
DESCRIBE JOB DUTIES IN DETAIL (MOST IMPORTANT DUTIES FIRST. ATTACH EXTRA SHEETS IF NECESSARY):					

EMPLOYER'S REPRESENTATIVE

NAME			TELEPHONE		EXT. NUMBER
LASTNAME	FIRSTNAME	MI			
ADDRESS			FAX NUMBER		
STREET P O BOX			EMAILADDRESS		
CITY	STATE	ZIP			

REQUESTS SHOULD BE SUBMITTED TO: TN Dept of Labor and Workforce Development
Employment Security Division / ALC Unit
220 French Landing Drive, 4-B
Nashville, TN 37243

PHONE: (615) 253-6358

FAX: (615) 741-6106

E-mail: barbara.galloway@state.tn.us

FOR OFFICE USE ONLY.

JSPS	THE PREVAILING WAGE IS	LEVEL	MSA	DATE	DOT TITLE	SOC TITLE
<input type="checkbox"/> CP	_____ per _____					
<input type="checkbox"/> RB					DOT CODE	SOC CODE
COMMENTS		NOTE: Wage determination valid for a year unless OES is updated.				

JOB SPECIFICATIONS CONTINUED

DESCRIBE JOB DUTIES IN DETAIL (MOST IMPORTANT DUTIES FIRST. ATTACH EXTRA SHEETS IF NECESSARY.):